

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38328

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No.
City St. Louis (No. 4942, Leahy Ave.) St. Ward)

File No.
Registered No. 9975
St. Ward)

2. FULL NAME Charles Edward Nitchman

(a) Residence, No. 4942 Leahy Ave. St. 18 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
3 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Charles Wm. Nitchman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Myrtle Richey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Charles E. Nitchman
4942 Leahy Ave.

18. BURIAL, CREMATION, OR REMOVAL New Bethlehem Cem. DATE Nov. 20, 33

19. UNDERTAKER (ADDRESS) Drehermann Funeral
1906 Union Blvd.

20. FILED NOV 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1933 to Nov. 17, 1933

I last saw him alive on Nov. 17, 1933 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Nov. 16, 1933
10:8

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Roland R. Mennum M. D.
(Address) 5330 Geraldine Ave

